

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051945

FILED
Apr 22, 2009
Secretary of State

Entity Name: CP INTERIOR TEXTURES LLC

Current Principal Place of Business:

4207 BARKER DRIVE
ELFERS, FL 34654

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 202
ELFERS, FL 34654

New Mailing Address:

FEI Number: 76-0786550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, CRAIG
4207 BARKER DRIVE
ELFERS, FL 34654 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETERS, CRAIG
Address: 4207 BARKER DRIVE
City-St-Zip: ELFERS, FL 34654

Title: MGR () Delete
Name: BRIGUCCIA, FRANK
Address: 15738 DILLA DRIVE
City-St-Zip: HUDSON, FL 34667

Title: MGR (X) Delete
Name: BRIAN, TRAVIS
Address: 4207 BARKER DRIVE
City-St-Zip: ELFERS, FL 34654

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRAIG PETERS

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date